

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	
County	<u>Lancaster</u>	Registration District No.	<u>468</u>	CERTIFICATE OF DEATH
Township	<u>Buck Prairie</u>	Primary Registration District No.	<u>5629</u>	234592550
Village				File No.
City				Registered No.
FULL NAME			[If death occurred in a hospital or institution, give its NAME instead of street and number]	
<u>Mrs. Hannah E. Bigelow</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH	
<u>Female</u>		<u>Married</u>	<u>July 4</u> , 191 <u>2</u>	
DATE OF BIRTH			(Month) (Day) (Year)	
<u>June 22</u> , 19 <u>48</u>				
AGE			HEREBY CERTIFY, that I attended deceased from	
<u>64</u> yrs. <u>12</u> mos. <u>12</u> ds.			<u>Sept 17</u> , 19 <u>07</u> , to <u>July 4</u> , 191 <u>2</u>	
OCCUPATION			that I last saw her alive on <u>Sept 3</u> , 191 <u>1</u>	
(a) Trade, profession, or particular kind of work <u>Housewife</u>			and that death occurred, on the date stated above, at <u>8:49</u> p.m.	
(b) General nature of industry, business, or establishment in which employed (or employer)			The CAUSE OF DEATH* was as follows: -	
BIRTHPLACE (City or town, State or foreign country)			<u>General paralysis insens</u>	
<u>Indiana</u>			<u>23</u>	
PARENTS	NAME OF FATHER	BIRTHPLACE OF FATHER (City or town, State or foreign country)	Contributory (SECONDARY)	
	<u>Alip. Nancy</u>	<u>unknown</u>	<u>Fracture neck femur</u>	
	MAIDEN NAME OF MOTHER	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	(Duration) <u>2</u> yrs. <u>10</u> mos. <u>10</u> ds.	
	<u>Reber Bannan</u>	<u>unknown</u>	(Signed) <u>S. A. Meltzer</u> M. D.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			(Address) <u>Aurora Mo</u>	
(Informant) <u>H. A. Bigelow</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(ADDRESS) <u>Marionville Mo</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
Filed <u>July 5</u> , 191 <u>2</u> <u>L. P. Andrews</u> REGISTRAR			At place of death <u>2</u> yrs. <u>10</u> mos. <u>10</u> ds. In the State <u>2</u> yrs. <u>10</u> mos. <u>10</u> ds.	
			Where was disease contracted if not at place of death?	
			Former or usual residence	
			PLACE OF BURIAL OR REMOVAL	
			<u>Maple Park Cem</u>	
			DATE OF BURIAL	
			<u>July 6</u> , 191 <u>2</u>	
			UNDERTAKER	
			<u>Manley Bannan</u>	
			ADDRESS	
			<u>Aurora Mo</u>	

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonæum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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PLACE OF DEATH

County LawrenceTownship Buck Prairie

or

Village

or

City

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 468File No. 23459Primary Registration District No. 5629Registered No. 66

St.: _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Mrs. Hannah E. Bigelow

PERSONAL AND STATISTICAL PARTICULARS

SEX

female

COLOR OR RACE

X

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

widowed

DATE OF BIRTH

June 22, 1848
(Month) (Day) (Year)

AGE

64 yrs. 12 mos. 12 ds.

IF LESS than
1 day, _____ hrs. _____ min.
or _____ min.

OCCUPATION

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Indiana

PARENTS

NAME OF FATHER

Alex. Pancy

BIRTHPLACE OF FATHER

Waverly

MAIDEN NAME OF MOTHER

Betty Bowman

BIRTHPLACE OF MOTHER

Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

F. A. Bigelow

(ADDRESS)

Marionville Mo.

Filed

July 5, 1912

REGISTRAR

J. P. Anderson

Original file, date

JUL

19

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July 4, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1912, to July 4, 1912, that I last saw her alive on July 3, 1912, and that death occurred, on the date stated above, at 4 m.

The CAUSE OF DEATH* was as follows:

General Paralysis and insane(Duration) 2 yrs. 11 mos. 12 ds.

Contributory (SECONDARY)

Fracture neck of femur(Duration) 2 yrs. 10 mos. 12 ds.

(Signed)

J. A. Kelton

M. D.

July 5, 1912 (Address) Aurora Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted

If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

Maple Park Cem.

DATE OF BURIAL

July 6, 1912

UNDERTAKER

Manley Bauman

ADDRESS

Aurora Mo.

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)